

## PART B - FEE(S) TRANSMITTAL

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SEP 02 2004

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23911 7590 06/09/2004

CROWELL & MORING LLP  
INTELLECTUAL PROPERTY GROUP  
P.O. BOX 14300-  
WASHINGTON, DC 20044-4300  
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SAN FRANCISCO, CA 94111-3834

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Karen Karlin	(Depositor's name)
Karen Karlin	(Signature)
8-30-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/510,332	02/22/2000	Charles S. Zuker	2307E-98010US	2643

TITLE OF INVENTION: T2R, A NOVEL FAMILY OF TASTE RECEPTORS

NUCLEIC ACIDS ENCODING T2R TASTE RECEPTORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANDSMAN, ROBERT S	1647	435-252300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend  
and Crew LLP  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

The Regents of the University of California  
The Government of the United States of America as  
represented by the Secretary of the Department of  
Health and Human Services

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oakland, California

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☒ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee  
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☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Annette S. Parent, Reg. No. 42,058

8/27/04

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09/03/2004 RKEBRAH1 00000067 201430 09510332

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